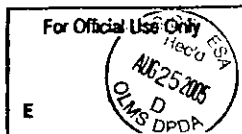


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0168
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<p>1. File Number U - 4300</p>	<p>2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04</p>
<p>3. Name and address of person filing.</p> <p>Name Arlen R Day</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 6288</p> <p>Street </p> <p>City Oak Ridge</p> <p>State Tn ZIP Code + 4 37831</p>	<p>4. Name, file number, and address of labor organization.</p> <p>Name IBEW Local Union 270</p> <p>Labor Organization File Number 039-256</p> <p>P.O. Box, Building and Room Number, if any P.O. Box 6288</p> <p>Street </p> <p>City Oak Ridge</p> <p>State Tn ZIP Code + 4 37831</p>
<p>5. Position in labor organization. Business Manager</p>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>7.b. Amount</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-18-05

Date

865-483-1354

Telephone Number

Name of Person Filing

Arlen Ray Day

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Southern Elect. Retirement Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1449

Street

City Goodlettsville

State Tn ZIP Code + 4 37070

11.a. Nature of such dealing.

2004 Travel, Meals and Lodging
expenses incurred attending
Trustees meetings

11.b. Approximate dollar value of such dealing.

1,389

12.a. Nature of interest held or income received.

Reimbursed Expenses

12.b. Amount.

1,389

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to the employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Arlen Ray Day

FDe Number U-

D. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If P.b. or B.c. is checked give trust or employer's name.

Name Southern Electrical Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1449

Street

City Goodlettsville

State Tn ZIP Code + 4 37070

11.a. Nature of such dealing.

2004 Travel, Meals and Lodging
expenses incurred attending
Trustees meetings

11.b. Approximate dollar value of such dealing.

1,654

12.a. Nature of interest held or income received.

Reimbursed Expenses

12.b. Amount.

1,654

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Arlen Ray Day

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name New York Life Investments, Inc.Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 690 Canton St.City WestwoodState MaineZIP Code + 4 02090

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

This officer was in attendance at the annual construction workers' union conference mtg. at Washington, D.C. in March 2004. The Life Investmt. Co. named had a trade show display in the lobby of the union organization's meeting place.

11.b. Approximate dollar value of such dealing.

199

12.a. Nature of interest held or income received.

As a result of a drawing from names of registered officers, this officer was awarded a door prize of a golf club having a value of \$199.00 as reported by the New York Life Company.

12.b. Amount.

199

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.